STATE OF VERMONT

DRUG RECOGNITION EVALUATION

DPS 339

Rolling Log No. 09-12-31 | Case Number 09A103735

Page 1 of 3 — TO BE COMPLETED BY D.R.E. TRAINED PERSONNEL

Offense(s) Charged: DUID

Name (Last, First, Middle): [redacted] | DOB: [redacted] | Age: 48 | Sex: F | Arresting Officer (Name/Agency): OFFICER HUIZENGA / WILLISTON POLICE

Date/Time of Arrest: 9-11-09 / 1711 | Breath test results: .050 % | Time: 1705 | Refused | Instrument # 070048D | Date/Time/Location of Examination: 9-11-09 / 1720 / WILLISTON POLICE DEPARTMENT

Admonition of Rights given by: OFFICER HUIZENGA | Rights Waived? ☒ Yes ☐ No | What have you eaten today? 3 COOKIES | Time? 4:00 PM | What have you been drinking? How much? COORS LIGHT 8 | Time of last drink? 0230

Time Now? 1730 | When did you last sleep? LAST NIGHT | How long? 3 HRS | Are you sick or injured? ARTIFICIAL HIP (LT) ☒ Yes ☐ No | Are you diabetic or epileptic? ☐ Yes ☒ No

Do you take insulin? ☐ Yes ☒ No | Do you have any physical defects? ☐ Yes ☐ No | Are you under the care of a doctor/dentist? DR. ANNE PEIKEY ☒ Yes ☐ No

Are you taking any medication or drugs? ☐ Yes ☒ No | Do you have high blood pressure or heart disease? If yes, describe. ☐ Yes ☒ No | Have you ever had a severe head injury? ☐ Yes ☒ No | Do you have brain damage? ☐ Yes ☒ No

Speech	Attitude/Behavior	Coordination	Face	Breath/Odors
			DROOPY / FLUSHED	

Corrective Lenses: FOR READING — ☒ Glasses ☐ Contacts ☐ Hard ☐ Soft ☐ None

Eyes: ☐ Normal ☒ Bloodshot ☒ Watery

Blindness: ☒ None ☐ Right Eye ☐ Left Eye

Pupil size: ☒ Equal ☐ Unequal (explain)

Able to follow stimulus? ☒ Yes ☐ No

Eyelids: ☐ Retracted ☐ Normal ☒ Droopy

Pulse & Time	HGN	Right eye	Left eye
1. 100 , 1734	Lack of smooth pursuit	☒ Yes ☐ No	☒ Yes ☐ No
2. 112 , 1759	Max. deviation	☒ Yes ☐ No	☒ Yes ☐ No
3. 106 , 1812	Angle of onset 30	☐ Resting (0) ☐ Rapid (35) ☐ Extreme (45) ☒ Immediate (0-30) ☐ Near extreme (40) ☐ None	

Vertical nystagmus? ☒ Yes ☐ No

Convergence: Right eye / Left eye

(3) One leg stand — Timed 30 seconds: Count # ____ Count # ____

COULD NOT BALANCE

Sways while balancing

Used arms to balance

Hopping

Put foot down

Type of footwear

(1) Romberg Balance: B/F S/S — 2" SWAY

(2) Walk and turn

Cannot keep balance ____

Started too soon ____

	1st Nine	2nd Nine
Stopped walking		
Missed heel-toe		
Stepped off line		
Raised arms		
Actual steps taken		

Internal clock: 17 Estimated as 30 sec.

Describe turn

Cannot do test (explain): UNABLE TO BALANCE

(4) Finger/Nose — Draw lines to spots touched — ○ Right △ Left

USED PADS 3, 4, 5, 6

Pupil Size: MM

Light	Right Eye	Left Eye
Room Light	2.5	2.5
Near Total Darkness	2.5	2.5
Direct	2.5	2.5

Comments

Rebound dilation ☐ Yes ☒ No

Reaction to light: ☐ Normal ☒ Slow ☐ Little or None Visible

Nasal area: CLEAR | Oral cavity/Tongue: CLEAR

INDICATE FRESH OR OLD PUNCTURE MARKS
Attach Photos of Fresh Puncture Marks (optional)

FRONT (R - L) — BACK (L - R) — NONE

Blood pressure: 120/80 | Temperature: 98.1 °F

Muscle tone: ☐ Near Normal ☒ Flaccid ☐ Rigid

Comments

Chemical test time:

☒ Blood ☐ Refused

Witness: OFFICER HUIZENGA

Drug admission? TRAZODONE, OXYCODONE, ALPRAZOLAM

Examining Officer: STEPH RAVELIN | I.D. Number: 229 | IACP/DRE #: 15470

Agency: VSP-WILLISTON | Reviewed by: [signature] DRE -- Ravelin 9/30/09

Opinion of Evaluator: ☐ Rule Out ☒ Alcohol ☐ Stimulant ☐ Dissociative Anesthetic ☐ Inhalant ☐ Medical ☒ Depressant ☐ Hallucinogen ☒ Narcotic Analgesic ☐ Cannabis

Name (Last, First, Middle) [redacted]

Violations
T 23 VSA 1201(a)(3)

Drug recognition evaluation report/narrative

1: **Location:** The evaluation was conducted at the Williston Police Station in the DUI processing room.

2: **Witness:** The entire evaluation was witnessed by Officer Huizenga of the Williston Police Department.

3: **Breath Test:** A preliminary breath test was given to [redacted] with a result of .050% BrAC at approximately 1705 hours using an Intoxilyzer 400 serial number 070048D.

4: **Notification/Interview of A/O:** I was notified by VSP Williston Dispatch that Officer Huizenga was requesting a DRE evaluation on Duval after he received a call of an erratic driver. I spoke with Officer Huizenga by phone while he was still on scene. He advised [redacted] was exhibiting signs of impairment however he did not detect an odor of intoxicants. After he gave her a PBT with a result of a .050% he requested a DRE. [redacted] advised that due to a motor vehicle crash a few years ago she was not able to perform the Walk and Turn or the One Leg Stand.

5: **Initial Observations:** I first observed [redacted] as she sat in the DUI processing room at the Williston Police Station. I noted her eyes were blood shot and watery. As I introduced myself I noted she was exhibiting ptosis.

6: **Medical Problems:** [redacted] stated she was in a motor vehicle collision with a tractor trailer in 2005. She advised she suffered a shattered pelvis from the collision and as a result she had an artificial hip on her left side. She stated she also had many pins and rods in her left leg and as a result her balance was off and she couldn't stand for long periods of time. [redacted] stated she only recently stopped using a cane to walk.

7: **Psychophysical Tests:** [redacted] exhibited impairment on the Romberg Balance and the Finger to Nose. She attempted the Walk and Turn and One Leg stand but was unable to balance for any length of time. On the Romberg Balance, [redacted] exhibited a two inch sway. Her internal clock was fast. She estimated the passage of thirty seconds in seventeen seconds. On the Finger to Nose, [redacted] failed to touch the tip of her finger to the tip of her nose on number three, four, five, and six. She used the pad of her finger when she was instructed to use the tip of her finger.

8: **Clinical Indicators:** EYES: I noted [redacted] eyes were bloodshot and watery. Her pupils were of equal size and she was able to follow a stimulus. I noted a lack of smooth pursuit, distinct jerkiness at maximum deviation, and on set prior to forty five degrees in both the left and right eyes. Onset HGN was observed between zero and thirty degrees or immediate onset. I observed vertical nystagmus and a lack of convergence. [redacted] pupil size was 2.5 mm in all three lighting conditions. Her pupil reaction to light was slow. [redacted] muscle tone was flaccid. Throughout the evaluation,

Subscribed and sworn to before me on

this 16 *day of* September *20*09

(Notary Public) *(Judicial Officer)*

(Affiant)

September 16, 2009
(date)

Name (Last, First, Middle) [redacted]

Violations
T 23 VSA 1201(a)(3)

Drug recognition evaluation report/narrative

[redacted] exhibited ptosis. Her eyes would roll up and her eye lids would close. VITAL SIGNS: [redacted] pulse rate was high on all three readings at 100, 112, and 106. Her muscle tone was flaccid.

9: **Signs of Ingestion:** No other signs of ingestion were visible.

10: **Statements:** [redacted] stated she has been on prescribed medication since her collision in 2005. She advised she ran out of her medication the night before and began drinking alcohol. [redacted] stated she consumed at least eight Coors Light beers with her last one at approximately 0230 hours. [redacted] advised she took Trazodone 100 mg at approximately at 0200 hours, Oxycodone 5/325 mg at approximately 1030 hours, and Alprazolam 2 mg at approximately 1100 hours.

11: **Opinion of Evaluator:** In my opinion [redacted] was under the influence of CNS Depressants and Narcotic Analgesics and was unable to operate a motor vehicle safely.

12: **Toxicological Sample:** [redacted] was transported the Fletcher Allen Health Center to draw a sample of her blood. The result is pending.

13. **Miscellaneous:** I am a Nationally Certified Drug Recognition Expert since July 2008.

Subscribed and sworn to before me on

this 16 *day of* September *20* 09

(Notary Public) ~~*(Judicial Officer)*~~

(Affiant)

September 16, 2009
(date)

NMS LABS

NMS Labs
3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

CONFIDENTIAL

Toxicology Report

Report Issued 10/05/2009 13:00

To: 99538
Williston Police Department

7928 Williston Road
Williston, VT 05495

Patient Name	[redacted]
Patient ID	09WT02741
Chain	10762052
Age	48 Y
Gender	Not Given
Workorder	09207071

Positive Findings:

Compound	Result	Units	Matrix Source
Caffeine	Positive	mcg/mL	Blood
Theobromine	Positive	mcg/mL	Blood
Citalopram / Escitalopram	250	ng/mL	Blood
Alprazolam	13	ng/mL	Blood
Oxycodone - Free	82	ng/mL	Blood
Diphenhydramine	<50	ng/mL	Blood

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8071B	Drug Impaired Driving/DRE Toxicology Panel, Blood (Forensic)
8075B	Drug Impaired Driving/DRE Toxicology GC/MS Drug Screen Add-On,

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	4.5 mL	09/11/2009 19:22	Blood	
002	Gray Top Tube	7 mL	09/11/2009 19:22	Blood	

All sample volumes/weights are approximations.

Specimens received on 09/18/2009, 09/24/2009.

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Positive	mcg/mL	0.10	001 - Blood	GC/MS
Theobromine	Positive	mcg/mL	5.0	001 - Blood	GC/MS
Citalopram / Escitalopram	250	ng/mL	5.0	002 - Blood	GC
Alprazolam	13	ng/mL	5.0	001 - Blood	LC-MS/MS
Oxycodone - Free	82	ng/mL	10	001 - Blood	GC/MS
Diphenhydramine	<50	ng/mL	50	001 - Blood	GC

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Alprazolam (Xanax®) - Blood:

   Alprazolam is a low-dose benzodiazepine used for the treatment of anxiety disorders and short-term relief of anxiety associated with depressive symptoms. Alpha-hydroxyalprazolam is an active metabolite of alprazolam. They share the actions and adverse reactions of other CNS-depressants. Alcohol greatly enhances the activity of benzodiazepines. Common adverse effects of alprazolam include drowsiness, fatigue, sedation, dizziness, weakness, unsteadiness and disorientation. Signs of CNS depression can include the presence of horizontal gaze nystagmus, lack of convergence of the eyes, normal pupil size with slow reaction to light and reduced pulse and blood pressure. For anxiety, daily doses of 0.8 to 4 mg are effective, whereas for phobic and panic disorders, 6 to 9 mg daily is recommended. Reported therapeutic plasma concentrations of alprazolam are proportional to dose given: 3 mg/day produced steady-state levels of 30 ng/mL; 6 mg/day: 60 ng/mL; and 9 mg/day: 100 ng/mL. In a population of 430 drivers arrested for driving under the influence, alprazolam concentrations ranged from 20 - 3900 ng/mL, with a mean of 90 ng/mL. Other drugs may also have been present. Studies confirm that alprazolam is capable of causing significant impairment to driving and psychomotor abilities across a wide range of concentrations.

2. Caffeine (No-Doz) - Blood:

   Caffeine is a mild central nervous system stimulant found in tea, coffee, soft drinks, chocolate, and other food and beverages. It is a component, together with acetaminophen, of many analgesic medications. Caffeine is ingested in pill form to offset fatigue and sleepiness. Low doses may improve psychomotor performance especially in individuals experiencing fatigue. Large doses of caffeine may cause sympathomimetic over-stimulation, resulting in anxiety, irritability, tremors, weakness, nausea and coma. Under conditions of normal use, caffeine is unlikely to impair an individual's driving performance, however if abused, may result in effects that would impair safe driving.

3. Citalopram / Escitalopram (Celexa®, Lexapro®) - Blood:

   Citalopram (Celexa) is a selective serotonin reuptake inhibitor (SSRI) that increases brain levels of serotonin, a chemical that is thought to be linked to mood, emotions, and mental state. The drug is indicated for use as an antidepressant. Citalopram is a racemic mixture of S- and R-enantiomers and the S-enantiomer is more potent than the R-enantiomer. Steady-state serum or plasma levels from patients on a daily regimen of 30 to 60 mg of citalopram range from 9 - 200 ng/mL. Adverse effects due to acute overdosage with 600 mg or more of citalopram may include EKG abnormalities and seizures. In postmortem blood, concentrations in documented fatalities involving citalopram have ranged from 3400 - 11000 ng/mL. Escitalopram (Lexapro) is the S-enantiomer of racemic citalopram and it also is indicated for use in the treatment of depression. It binds with greater affinity to the serotonergic transporter than the R-enantiomer. Steady-state peak plasma levels from patients on regimen of 10 or 30 mg/day of escitalopram were reported as 21 and 64 ng/mL, respectively, and occur at approximately 4 hours post dose. This test is not chiral specific; therefore, citalopram and/or escitalopram may be present.

Reference Comments:

4. Diphenhydramine (Benadryl®) - Blood:

   Diphenhydramine is an antihistamine with sedative and anti-emetic effects. It is rapidly absorbed following oral administration; however, it is frequently given IV. Patients taking this medication are usually warned against the operation of complicated machinery, because of its strong sedative effects. Following a single 50 mg oral dose of diphenhydramine, peak plasma concentrations at 3 hr averaged 80 ng/mL. A reported steady-state diphenhydramine concentration is 300 ng/mL. Signs and symptoms of acute diphenhydramine toxicity include tremor, seizures, fever, respiratory depression and cardiac arrhythmias. Reported blood levels in fatal overdose cases ranged from 8000 - 31000 ng/mL and in urine from 40000 - 64000 ng/mL. Lidocaine interferes with diphenhydramine in this analysis. The presence of lidocaine will adversely affect the quantitation of diphenhydramine. If lidocaine is a potential interferent in this case, call the laboratory for alternate quantitative procedures.

5. Oxycodone - Free (OxyContin®, Roxicodone®) - Blood:

   Oxycodone (Roxicet, Percocet) is a DEA Schedule II controlled opiate narcotic analgesic. It is used to control post-operative pain and pain associated with such ailments as bursitis, injuries, simple fractures and neuralgia. The addiction liability of oxycodone is about the same as for morphine. This compound should be administered in the smallest effective dose and as infrequently as possible. The usual adult dose of the hydrochloride salt is 5 mg every 6 hr. A portion of the oxycodone may be conjugated; the portion which is not conjugated is termed 'free oxycodone'. Following the oral administration of oxycodone as both sustained-release (Oxycontin) and regular formulations, peak plasma concentrations of the compound are generally less than 100 ng/mL; however, the sustained-release preparation may also result in peak concentrations of oxycodone less than 10 ng/mL serum. Oxymorphone is a pharmacologically active metabolite of oxycodone that may be seen in blood in very low concentrations. Oxycodone is a powerful painkilling drug whose effects include analgesia, drowsiness and sedation. Following excessive opiate use, pupils are typically constricted and unreactive to light. Pulse, blood pressure and body temperature can be lowered. Psychomotor impairment is generally present, with increased body sway, and poor performance in divided attention tests. Users are sometimes described as 'on the nod', falling asleep in the middle of conversations or at inappropriate times. Tolerance can develop to the effects of opiates and more experienced users are less susceptible to the impairing effects. Patients taking carefully controlled opiates under a doctor's supervision are less likely to be impaired than if abusing the medication. The narcotic and sedative effects of oxycodone may result in significant impairment of the skills necessary for safe driving.

6. Theobromine (Xantheose) - Blood:

   Theobromine is a methylxanthine alkaloid found in tea and cocoa products and has been reported to pass into the breast milk of nursing mothers. Theobromine has the general properties of the xanthines, including diuresis and smooth muscle stimulation.

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 09207071 was electronically signed on 10/05/2009 12:55 by:

Laura M. Labay, Ph.D., DABFT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

Acode 54002B - Drug Impaired Driving/DRE Toxicology Benzodiazepines Confirmation, Blood (Forensic)

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
7-Amino Clonazepam	5.0 ng/mL	Alpha-Hydroxyalprazolam	5.0 ng/mL

Analysis Summary and Reporting Limits:

Compound	Rpt. Limit	Compound	Rpt. Limit
Alprazolam	5.0 ng/mL	Hydroxyethylflurazepam	5.0 ng/mL
Chlordiazepoxide	20 ng/mL	Hydroxytriazolam	10 ng/mL
Clobazam	20 ng/mL	Lorazepam	5.0 ng/mL
Clonazepam	2.0 ng/mL	Midazolam	5.0 ng/mL
Desalkylflurazepam	5.0 ng/mL	Nordiazepam	20 ng/mL
Diazepam	20 ng/mL	Oxazepam	20 ng/mL
Estazolam	5.0 ng/mL	Temazepam	20 ng/mL
Flurazepam	2.0 ng/mL	Triazolam	2.0 ng/mL

Acode 54006B - Drug Impaired Driving/DRE Toxicology Opiates - Free (Unconjugated) Confirmation, Blood (Forensic)

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
6-Monoacetylmorphine - Free	10 ng/mL	Hydromorphone - Free	10 ng/mL
Codeine - Free	10 ng/mL	Morphine - Free	10 ng/mL
Dihydrocodeine / Hydrocodol - Free	10 ng/mL	Oxycodone - Free	10 ng/mL
Hydrocodone - Free	10 ng/mL	Oxymorphone - Free	10 ng/mL

Acode 54205B - Drug Impaired Driving/DRE Toxicology Antihistamines Confirmation, Blood (Forensic)

-Analysis by Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Azatadine	30 ng/mL	Methapyrilene	100 ng/mL
Bromodiphenhydramine	30 ng/mL	Orphenadrine	50 ng/mL
Brompheniramine	20 ng/mL	Pheniramine	20 ng/mL
Carbinoxamine	50 ng/mL	Promethazine	30 ng/mL
Chlorcyclizine	30 ng/mL	Pyrilamine	30 ng/mL
Chlorpheniramine	10 ng/mL	Tripelennamine	40 ng/mL
Diphenhydramine	50 ng/mL	Triprolidine	30 ng/mL
Doxylamine	50 ng/mL		

Acode 54221B - Drug Impaired Driving/DRE Toxicology Citalopram Confirmation, Blood (Forensic)

-Analysis by Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Citalopram / Escitalopram	5.0 ng/mL		

Acode 8071B - Drug Impaired Driving/DRE Toxicology Panel, Blood (Forensic)

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Amphetamines	20 ng/mL	Methadone	25 ng/mL
Barbiturates	0.040 mcg/mL	Opiates	20 ng/mL
Benzodiazepines	100 ng/mL	Phencyclidine	10 ng/mL
Cannabinoids	10 ng/mL	Propoxyphene	50 ng/mL
Cocaine / Metabolites	20 ng/mL		

Acode 8075B - Drug Impaired Driving/DRE Toxicology GC/MS Drug Screen Add-On, Blood (Forensic)

Analysis Summary and Reporting Limits:

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for: The following is a general list of compound classes included in the Gas Chromatographic screen. The detection of any particular compound is concentration-dependent. Please note that not all known compounds included in each specified class or heading are included. Some specific compounds outside these classes are also included. For a detailed list of all compounds and reporting limits included in this screen, please contact NMS Labs.

Amphetamines, Analgesics (opioid and non-opioid), Anesthetics, Anticholinergic Agents, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian Agents, Antipsychotic Agents, Anxiolytics (Benzodiazepine and others), Cardiovascular Agents (non-digitalis), Hallucinogens, Hypnosedatives (Barbiturates, Non-Benzodiazepine Hypnotics and others), Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others).